

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 10586284 | | FILING DATE | | | | |
|--|----------|------|------------------------------------|------|------------------------------------|------|------------------------|----------|-------------|------------------------------------|------|------------------------------------|------|
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | 2 | ↓ | | ↓ | TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | 29 | ← | | ← | TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | 31 | | | | TOTAL CLAIMS | | | | | | |

PTO - 1360 (REV. 11/04)

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